

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **08/582797** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	①					
5	①					
6	①					
7	①					
8	①					
9	1					
10	1					
11	2					
12	①					
13	①					
14	①					
15	①					
16	①					
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50						
TOTAL IND.	2					
TOTAL DEP.	16	↓	↓	↓		
TOTAL CLAIMS	18					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓	↓		
TOTAL DEP.			↓	↓	↓	
TOTAL CLAIMS						